DP-31 065

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

APPLICATION FOR TOBACCO LICENSE

Check A or B as applicable.

A LICENSE RENEWAL B NEW LICENSE

The appropriate fee(s), as listed in Line 10 below, must accompany this form.

	FOR INTERNAL USE ONLY	
.IC#_		

DATE ____

FOR DRAUSE ONLY

	PLEASE PRINT OR TYPE						
1	BUSINESS NAME		2	NAME OF	ENTITY		
3	NH BUSINESS ADDRESS NUMBER & STREET, CITY/TOWN, STATE AND ZIP COD	DE .				4	BUSINESS PHONE
5	MAILING ADDRESS (IF DIFFERENT THAN #3) NUMBER & STREET, CITY/TOWN	, STATE AND ZIP CODE					
6	FORMER OWNER NAME					7	PURCHASE DATE
_	 						
8	TYPE OF ORGANIZATION & TAX IDENTIFICATION NUMBER C		TIO	. —			
	(1) PROPRIETORSHIP SOCIAL SECURITY NUMBER	(2) CORPORAT (3) PARTNERS		'	FEDERAL F	-MF	PLOYER IDENTIFICATION NUMBER
	Proprietorships MUST enter Social Security Nun		ITIIT	Ц		and	Partnerships, MUST enter Federal Employe
9	INDIVIDUAL OWNERS OR OFFICERS	10 LICENSE FEES					
		A RETAILER					
	NAME	Over the Cou	nte	Sales	\$10	.00	\$
	TITLE SSN	B Vending Ma Number of Machines				\$10	0.00 ea. =\$
	ADDRESS	— Number of Locations	s to	be Licer	nsed x	\$1	0.00 ea. =\$
	CITY/TOWN, STATE,ZIPCODE NAME		ratir R T	ng one or HAN HIS	more tobaces OWN nee	cco ds	vending machines on property of this license, in addition to a retail
	TITLE SSN	— MANUFACTURE	ER	Fee is	\$100.00		\$
		SUB-JOBBER		Fee is	\$150.00		\$
	ADDRESS	WHOLESALER		Fee is	\$250.00		\$
	CITY/TOWN, STATE, ZIP CODE	SAMPLER		Fee is	\$10.00		\$
	Attach schedule for additional officers.		ΓAL	AMOUN	T ENCLOS	ED	\$
Make check payable to: STATE OF Enclose, but do not staple or tape y						OF NEW HAMPSHIRE	
	44 V	LIICIOS	se, 1	Jul do H	or staple of	ιαμ	e your payment to this form.
	11 X SIGNATURE (IN INK)						
	TITLE		D ^=	ION			DATE
	MAIL NHDEPT	OF REVENUE ADMINIST	ΚAI	ION			
	CONCOR	RD. NEW HAMPSHIRE 03	3302	2-0637			DP-31



NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

APPLICATION FOR TOBACCO LICENSE

INSTRUCTIONS

WHAT IS IT	Pursuant to RSA 78:7, a tax is imposed upon the retail consumer of tobacco products. Under RSA 78:2, a tobacco tax license shall be obtained by those listed in "WHO PAYS IT" below before engaging in the business of selling or distributing tobacco products in this state.
WHO PAYS IT	"Retailer" means any person who sells tobacco products to consumers, and any vending machine in which tobacco products are sold. "Vending machine operator" means any person operating one or more tobacco product vending machines on property or premises other than his own. "Manufacturer" means any person engaged in the business of importing, exporting, producing, or manufacturing tobacco products who sells his product only to licensed wholesalers. "Sub-jobber" means any person doing business in this state who shall purchase all of his stamped tobacco products directly from a licensed wholesaler and who sells all of his tobacco products to other licensed sub-jobbers, vending machine operators, and retailers. "Wholesaler" means any person doing business in this state who shall purchase all of his unstamped tobacco products directly from a licensed manufacturer, and who shall sell all of his products to licensed wholesalers, sub-jobbers, vending machine operators, retailers, and those persons exempted from the tobacco tax under RSA 78:7-b. "Sampler" Any person who distributes free tobacco products to consumers for promotional purposes.
WHEN IS IT DUE	Completed applications for Tobacco Tax License, Form DP-31, must be filed prior to making any NH tobacco sales and must be renewed pursuant to RSA 78:4 on or before July 1st of every even numbered year thereafter.
NO SALES	If you are not selling tobacco products, please return the application with a notation to that effect.
FORMS	For additional copies of this form or for a fill-in version of this form visit us on the web at www.revenue.nh.gov or to request a form by mail call (603) 271-2192.
NEED HELP	For assistance please call Customer Service at (603) 271-2191.
ADA COMPLIANCE	Individuals who need auxiliary aids for effective communications in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.

LINE BY LINE INSTRUCTIONS

A or B	Indicate whether this is a Tobacco License Renewal or a New License by checking Box A or Box B.			
LINE 1	Enter the complete Business Name of the Business applying for a Tobacco License. If the business is a dba, enter the dba name.			
LINE 2	Enter the name of the entity applying for the Tobacco License.			
LINE 3	Enter the complete physical address of the New Hampshire Business.			
LINE 4	Enter the telephone number of the New Hampshire Business.			
LINE 5	Enter the complete mailing address if different than the physical address listed on Line 3.			
LINE 6	Enter the name of the previous owner of the business. If this is a new business please indicate "First Owner".			
LINE 7	Enter the date the business was purchased.			
LINE 8	Check the box indicating what type of business organization this is and enter the appropriate tax identification number on the line that corresponds with the type of business entity.			
LINE 9	List each individual owner or officer of the business and the title, social security number and address. If more than two owners or officers, attach a separate schedule.			
LINE 10	Check appropriate boxes indicating the type (s) of tobacco seller and calculate the total license fees. There is a fee for each separate machine and for each separate location.			
LINE 11	Enter the signature of owner or authorized representative, their title and date.			